

## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial

Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number		DE01047	
First Named Inventor		Paul M. Bjorndal	
COMPL	ETE I	F KNOWN	
Application Number		/	
Filing Date	01/1	6/2004	
Group Art Unit			
Examiner Name			

As a below named invent	As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
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the specification of which	(Title	of the Invention)						
OR OR								
was filed on (MM/D	D/YYYY)	as United	d States Applica	tion Number or PCT Intere	national			
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).							
	viewed and understand the ont specifically referred to abo		ified specificatio	n, including the claims, as	,			
	isclose information which is		defined in 37 CF	R 1.56.				
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Prior Foreign Application	0	Foreign Filing Date	Priority	Certified Copy Attac	hed?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO				
☐ Additional foreign applica	ition numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached hereto:				
	inder 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	sted below				
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Paul M.							Bjoi	rndal						
Inventor's Signature			- <u>-</u> -										Date	
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# **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_2\_

Name of Additional Joint Inventor, if an	y:	A petition has been	filed for th	nis unsigned inventor
Given Name (first and middle [if any])		Family N	lame or S	umame
Jun		Chen		
Inventor's Signature				Date
Residence: City Warren	State NJ	Country USA		Citizenship USA
Mailing Address 22 Schindelar Woods Way				
Mailing Address				
City Warren	State NJ	ZIP 07059	Countr	y USA
Name of Additional Joint Inventor, if an	y:	A petition has been f	iled for thi	s unsigned inventor
Given Name (first and middle (if any))		Family N	lame or S	urname
David J.		Kenyon		
Inventor's Signature				Date
Residence: City Morristown	State NJ	Country USA		Citizenship USA
Mailing Address 4 Log Road				
Mailing Address				
City Morristown	State NJ	ZIP ()7960	Cou	ntry USA
Name of Additional Joint Inventor, if an	у:	A petition has been fil	ed for this	unsigned inventor
Given Name (first and middle (if any))		Fam	ily Name o	or Surname
Barry N.	1	Jutsky		
Inventor's Signature				Date
Residence: City Hillsborough	State NJ	Country USA		Citizenship USA
Mailing Address 31 Longfield Drive		•		
Mailing Address		· · · · · · · · · · · · · · · · · · ·		
City Hillsborough	State NJ	ZIP 08844	Co	ountry USA

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Page 2 of 2

Name of Additional Joint Inventor, if a		A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any	))			Family Name	or S	umame	
Keith B.		No	lop				
Inventor's Signature						Date	
Residence: City Redwood City	State	CA	Country U	SA		Citizenship USA	
Mailing Address 701 Baltic Circle, No. 717							
Mailing Address			·				
City Redwood City	State	CA	ZIP 9406	5   00	ountry	, USA	
Name of Additional Joint Inventor, if an	ıy:		A petition h	as been filed f	or this	unsigned inventor	
Given Name (first and middle [if any]	))			Family Name	or Su	ımame	
John M.			Stimson				
Inventor's Signature	>					Date 2/26/04	
Residence: City New Providence	State	NJ	Country U	SA		Citizenship USA	
Mailing Address 99 Hansell Road							
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City New Providence	State	NJ	ZIP 079	74	Coun	try USA	
Name of Additional Joint Inventor, if ar	ıy:		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	)		Family Name or Surname				
Inventor's Signature	<del></del>		·			Date	
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TRAINING DEVIC	TRAINING DEVICE FOR MEDICAMENT INHALERS								
the specification of which (Title of the Invention)									
is attached hereto	(The of the monitory)								
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Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have re			ified specificatio	n, including the claims, as					
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Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?					
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
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[Page 1 of 2]

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Paul M.							Bjc	rndal						
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Additional	invento	rs are being n	amed o	n the	2 su	onlemen	al Add	litional I	nventor(s)	sheet/s	PTO/	SR/02A attac	hed hereto	

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_2\_

Name of Additional Joint Inventor, if an	y:	☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Nar	ne or S	umame	
Jun			Che	n			
Inventor's Signature	,					Date	
Residence: City Warren	Sta	ıte NJ		Country USA		Citizenship USA	
Mailing Address 22 Schindelar Woods Way							
Mailing Address							
City Warren	Sta	ite NJ		ZIP 07059	Countr	y USA	
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David Kenyon							
Inventor's Signature	<del></del>					Date	
Residence: City Morristown	Sta	ate NJ		Country USA		Citizenship USA	
Mailing Address 4 Log Road							
Mailing Address		-					
City Morristown	St	ate NJ		ZIP 07960	Cou	ntry USA	
Name of Additional Joint Inventor, if an	y:			A petition has been filed	for this	unsigned inventor	
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Ваггу N.		I	uts	ky			
Inventor's Signature						Date	
Residence: City Hillsborough	Sta	te NJ		Country USA		Citizenship USA	
Mailing Address 31 Longfield Drive							
Mailing Address				· · · · · · · · · · · · · · · · · · ·			
City Hillsborough	Stat	te NJ		ZIP 08844	Co	untry USA	

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_2\_ of \_2\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Sumame					
Keith B.		Nolo	p				
Inventor's Khop Signature					Date 1/22/04		
Residence: City Redwood City	State CA		Country USA		Citizenship USA		
Mailing Address 701 Baltic Circle, No. 717	Mailing Address 701 Baltic Circle, No. 717						
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John M.		Stimson					
Inventor's Signature					Date		
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Attorney Docket Num	nber  DE01047
First Named Inventor	Paul M. Bjorndal
COMPL	TE IF KNOWN
Application Number	/
Filing Date	01/16/2004
Group Art Unit	
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached?				
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[Page 1 of 2]

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Paul M.							Bjo	orndal					
Inventor's Signature												Date	
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**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_1\_ of \_2\_

Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Nam	ne or S	umame		
Jun Chen							
Inventor's Signature					Date		
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Barry N.	, ,	Lutsk	с <b>у</b>		,		
Inventor's Signature					Date 2 Hor 09		
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City New Providence	St	ate NJ		<b>ZIP</b> 07974	Cou	ntry USA	
Name of Additional Joint Inventor, if ar	ıy:			A petition has been filed	for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City	Sta	te		Country		Citizenship	
Mailing Address							
Mailing Address							
City	Stat	te		ZIP	Co	ountry	

with Initial

Filing

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	Attorney Docket Num	DE01047				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Paul M. Bjorndal				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	/				
<b>.</b>	Filing Date	01/16/2004				
☐ Declaration ☐ Declaration Submitted OR Submitted after Initial	Group Art Unit					

**Examiner Name** 

Filing (surcharge

(37 ČFR 1.16 (e))

required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is fisted below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TRAINING DEVICE FOR MEDICAMENT INHALERS the specification of which (Title of the Invention)  $\boxtimes$ is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Cartified Copy Attached? Foreign Filing Date Priority Prior Foreign Application Country Not Claimed (MM/DD/YYYY) Number(s) YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) 60/440,831 01/17/2003 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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United States United States of information who	of Ameri or PCT in ich is me	fit under 35 U.S ca, listed below itemational appli iterial to patenta international fili	and, ins ication in ability as	ofar as the m define	s the sub anner pro d in 37 C	ject matte wided by t FR 1.56 v	r of ea he first	ich of the paragrap	e claims of the ph of 35 U.S.	iis appilc C. 112, I	ation is acknov	not disclosed viedge the duty	In the prior to disclose
U.S. Parent Application or PCT Parent Number						ling Date			nt Patent N (if applicat				
☐ Additional	U.S. or I	PCT internations	l applica	tion nu	imbers ar	e listed or	a sup	plementa	l priority data	sheet P	TO/SB/	02B attached h	ereto.
As a named inv	entor, I h	ereby appoint the innected therew	ne follow	ing reg	istered pr	actitioner			this application	on and to	transa		
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Additional i	registere	d practitioner(s)	named o	on supp	olemental	Registere	d Prac	titloner in	nformation sh	eet PTQ	SB/020	attached here	eto.
Direct all correspondence to:  Customer Number or Bar Code Label							ress below						
Name	Rob	bert A. Franks Reg. No. 28,605											
Address													
Address													
City							s	tate		ZIP			
Country					elephon	e (908	3) 29	8-29 <u>08</u>		Fax	(908	3) 298-538	8
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	ole or I	irst Invento	r:					A petitio	n has been	filed fo	r this u	insigned inve	ntor
Gi	ven Nar	ne (first and m	niddle (i	f any]					Famil	v Name	or Su	mame	
Paul M.							Bjo	rndal					
Inventor's Signature									14 JAN 2004				
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City		Wayne	Wayne State NJ z				p 07470 Country USA						
<b>Additional</b>	invento	rs are being n	amed o	n the	2 sui	polement	al Ade	ditional I	nventor(s)	sheet(s)	PTO/	SB/02A attac	hed hereto

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_2\_

Name of Additional Joint Inventor, if ar	ıy:			A petition has been t	filed for t	his unsigned inventor	
Given Name (first and middle [if any]		Family Na	ame or S	umame			
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Inventor's Signature Den .	- lys					Date 16 Jan 2004	
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Mailing Address							
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Mailing Address							
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## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_2\_ of \_2\_

Name of Additional Joint Inventor, if a	ıy:	A petition has been filed for this unsigned inventor							
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Mailing Address 99 Hansell Road									
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City New Providence	St	ate NJ	ZIP 07974 Country USA			ntry USA			
Name of Additional Joint Inventor, if ar	ıy:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature		Date			Date				
Residence: City State				Country	Citizenship				
Mailing Address									
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